

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1														
2	1														
3	1														
4		1													
5		1													
6		1													
7		3													
8		1													
9	1														
10		1													
11	1														
12	1														
13		1													
14		1													
15		1													
16		1													
17		1													
18		1													
19		1													
20		1													
21		1													
22		1													
23		1													
24		1													
25		1													
26		1													
27		1													
28	1	1													
29		1													
30		4													
31		1													
32		2													
33		2													
34		4													
35		1													
36		5													
37		5													
38		5													
39		3													
40		3													
41		3													
42		3													
43		3													
44		3													
45		3													
46		2													
47		1													
48		1													
49	1														
50	1														
TOTAL IND.					4										
TOTAL DEP.					21										
TOTAL CLAIMS					25										
51		1													
52		1													
53		1													
54		1													
55		1													
56		1													
57		1													
58		1													
59		1													
60		1													
61		1													
62		1													
63		1													
64		1													
65		1													
66		1													
67		1													
68		1													
69		1													
70		1													
71		1													
72		1													
73		1													
74		1													
75		1													
76		1													
77		1													
78		1													
79		1													
80		1													
81		1													
82		1													
83		1													
84		1													
85		1													
86		1													
87		1													
88		1													
89		2													
90		2													
91		2													
92		2													
93		2													
94		2													
95		1													
96		1													
97		1													
98		1													
99		1													
100		1													
TOTAL IND.					4										
TOTAL DEP.					25										
TOTAL CLAIMS					29										

BEST AVAILABLE COPY